

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

|                                                                                                                                |           | rection of each violatio | n is specified                                               | in the narrative | portion of thi | s report.                              |                                       |                              |                                     |          |  |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|--------------------------------------------------------------|------------------|----------------|----------------------------------------|---------------------------------------|------------------------------|-------------------------------------|----------|--|
| Establishment Name                                                                                                             |           |                          |                                                              |                  |                | Telephone Number                       |                                       |                              | Date of Inspection (mm/dd/yr) PERMI |          |  |
| Tumbleweed                                                                                                                     |           |                          |                                                              |                  |                | BIT 923                                | 0.4 123 0011                          |                              | ~                                   | 19 -335  |  |
| Establishment Address (number and street, city, state, zip code)                                                               |           |                          |                                                              |                  |                | 502 GIS 1357 7/3/2                     |                                       | אוץ                          | 11 223                              |          |  |
| 7/8 Highlander Pt. Floyds Kubs, 12 47119<br>Owner                                                                              |           |                          |                                                              |                  |                | <del></del>                            | 1001                                  |                              |                                     | <u> </u> |  |
| TW-Indiana, 11c                                                                                                                |           |                          |                                                              |                  | Purpose:       | `                                      | Follow-up Release Date  TES TOPAY     |                              |                                     |          |  |
| Owner's Address                                                                                                                |           |                          |                                                              |                  |                | 2. Follow-u                            | )                                     |                              |                                     |          |  |
| Person in Charge                                                                                                               |           |                          |                                                              |                  |                | 3. Complain                            | •                                     | Summary of Violations:       |                                     |          |  |
| Kaitlyn Phelps                                                                                                                 |           |                          |                                                              |                  |                | 4. Pre-Oper                            |                                       | C Z NC 4 R Q                 |                                     |          |  |
| Responsible Person's E-mail                                                                                                    |           |                          |                                                              |                  |                | 5. Tempora<br>6. HACCP                 | ry                                    | Menu Type (See back of page) |                                     |          |  |
| Certified Food Manager                                                                                                         |           |                          |                                                              |                  |                | 7. Other (lis                          | Α                                     |                              |                                     |          |  |
| Arika Eckert (4/28/20)                                                                                                         |           |                          |                                                              |                  |                | - Other (in                            | 12                                    | 1 2 3 <b>X</b> 4 5           |                                     |          |  |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"                                              |           |                          |                                                              |                  |                |                                        |                                       |                              |                                     |          |  |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" |           |                          |                                                              |                  |                |                                        |                                       |                              |                                     |          |  |
| Section#                                                                                                                       | C/NC      | R                        | Narrative                                                    |                  |                |                                        |                                       |                              | To Be Corrected By                  |          |  |
| 345                                                                                                                            | C         | Observed he              | Observed handsinks at bor me wormash not defined as          |                  |                |                                        |                                       |                              |                                     | 4        |  |
|                                                                                                                                | 1         |                          | handwashing only / multiple uses not allowed                 |                  |                |                                        |                                       |                              |                                     |          |  |
| 438                                                                                                                            | <u></u>   | Observed (               | Obscurd (5) valabeled spray bottles Today                    |                  |                |                                        |                                       |                              |                                     | 1        |  |
| 177                                                                                                                            | NC        | [ <b>!</b>               | Observed ice bins and solut stations left unconved Corrected |                  |                |                                        |                                       |                              |                                     |          |  |
| 297                                                                                                                            | NC        |                          | _                                                            | filhe k          |                |                                        |                                       |                              | ارس                                 | -4       |  |
| 324                                                                                                                            | NC        | Observed 1               |                                                              |                  |                |                                        |                                       | + AF                         | 7                                   | 1 × ×    |  |
| 413                                                                                                                            | NC        | Observed 1               |                                                              |                  |                |                                        | entrace /                             | 4                            | 7 w                                 | reks     |  |
|                                                                                                                                |           |                          | 2,,,,,                                                       | 1000/1000        | 77             | 10/-                                   | 01/2/2/                               | -2.1                         | <u> </u>                            |          |  |
|                                                                                                                                |           |                          |                                                              |                  |                |                                        |                                       |                              |                                     |          |  |
|                                                                                                                                |           |                          |                                                              |                  |                |                                        |                                       |                              | <del>- i -</del>                    | <u> </u> |  |
|                                                                                                                                |           |                          | _                                                            |                  |                |                                        |                                       | <u> </u>                     | <u> </u>                            |          |  |
|                                                                                                                                |           |                          |                                                              |                  |                |                                        |                                       |                              |                                     |          |  |
|                                                                                                                                | _         |                          |                                                              | <del> </del>     |                | <del> </del>                           |                                       |                              | <del>_</del>                        |          |  |
|                                                                                                                                |           |                          | <del>_</del>                                                 |                  | ·              | -                                      | <del></del>                           |                              |                                     |          |  |
|                                                                                                                                |           |                          | <u> </u>                                                     |                  |                | •                                      | <u> </u>                              |                              | :                                   | · · · ·  |  |
|                                                                                                                                |           |                          |                                                              | <del></del>      |                |                                        |                                       |                              |                                     |          |  |
|                                                                                                                                |           |                          |                                                              |                  |                |                                        | · · · · · · · · · · · · · · · · · · · |                              | · ·                                 |          |  |
| Received by                                                                                                                    | (name and | title printed):          | <u> </u>                                                     | <u> </u>         | <u> </u>       | T                                      | <u> </u>                              |                              |                                     |          |  |
| Received by (name and title printed):                                                                                          |           |                          |                                                              |                  |                | Inspected by (name and title printed): |                                       |                              |                                     |          |  |
| Received by (signature):                                                                                                       |           |                          |                                                              |                  |                | A.). Ingram (EHS)                      |                                       |                              |                                     |          |  |
| Kuutit                                                                                                                         |           |                          |                                                              |                  |                | Inspected by (signature):              |                                       |                              |                                     |          |  |
| cc:                                                                                                                            | <u> </u>  |                          | CC                                                           | <u></u>          |                | <u> </u>                               | · · ·                                 | ec:                          |                                     |          |  |
|                                                                                                                                |           |                          | 1                                                            |                  |                |                                        |                                       |                              |                                     |          |  |